

## Application for Placement on Approved Captive Insurance Management Firm List

### FIRM INFORMATION:

1. Firm Name \*

2. Firm Address

Address Line 1 (no PO BOX): \*

Address Line 2:

City: \*

State: \*

Postal Code: \*

Country

Phone No.: \*

Secondary Phone:

Firm Website: \*

3. Is the Firm a member of the TCIA? \*

☐ Yes ☐ No

4. Have any employees, principals, officers or key employees ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? \*

☐ Yes ☐ No

Please explain each denial and add attachments as needed:

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5. During the past ten (10) years, has any employee, officer, principal or key employee of the firm ever been refused a professional license by any public or governmental agency or regulatory authority, or has any such license held by you or any employee been suspended or revoked? \*

☐ Yes ☐ No

Please explain each denial and add attachments as needed:

6. Has any employee, officer, principal or key employee of the firm ever been subject to any disciplinary proceedings of any professional association or federal, state or foreign regulatory agency? \*

☐ Yes ☐ No

Please explain each denial and add attachments as needed:

7. Has any employee, officer, principal or key employee of the firm ever been convicted of a felony? \*

☐ Yes ☐ No

Please explain each denial and add attachments as needed:

8. Has any employee, officer, principal or key employee of the firm been an employee, officer, principal or key employee of an insurance company or captive insurer in the United States or in a jurisdiction outside the United States that was determined to be insolvent by a federal, state or foreign regulator or supervising authority? \*

☐ Yes ☐ No

Please explain each denial and add attachments as needed:

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### CAPTIVE MANAGEMENT EXPERIENCE \*

9.

Type	# by Type	# Domiciled in TN	Years Experience with Type
Association			
Branch			
Industrial Insured			
Protected Cell			
Pure			
RRG			
SPFC			
Sponsored			
Other			

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10. Provide two (2) references within the insurance industry, including telephone number and email address \*

**Reference 1:**

First Name: \*

Last Name: \*

Phone: \*

Email Address: \*

**Reference 2:**

First Name: \*

Last Name: \*

Phone: \*

Email Address: \*

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### INDIVIDUAL INFORMATION

**The principal of the firm and any individual responsible for Tennessee must fill out pages 5 through 7.**

Attach the following documents and information to this application when submitted.

1. A completed biographical affidavit,
2. A copy of your resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving you from any professional organization to which you belong,
4. Copies of all professional licenses you hold, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned captive management work by you.

#### 1. Name

First Name: \*

Last Name: \*

Position/Title: \*

Employment Period: \*

Email Address: \*

Phone: \*

#### 2. Does the officer, principal, or key employee have an insurance license or designation? \*

☐ Yes ☐ No

State \* Issue Date \* Expiration Date Agency \* Type \* License No./Designation \*

#### 3. Does the officer, principal, or key employee have an ACI designation? \*

☐ Yes ☐ No



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### CERTIFICATION

I hereby certify and declare, under penalties of perjury:

1. That I have been authorized by the applicant management firm herein to complete this "Application for Placement on Approved Captive Insurer Management Firm List" (Application) and to make this certification and declaration;
2. That the information provided in this Application and the documents attached hereto and included as part of the application have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. That I am aware that should investigation at any time disclose any such misrepresentation or false statement or information, my firm will be disqualified from further consideration for placement on the approved captive insurer management firm list;
4. That I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Tennessee Department of Commerce & Insurance any private or confidential information concerning the management firm that is applying for approval; and
5. That I release the Tennessee Department of Commerce & Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this application, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

Notary:		
Notary Public Embosser or Black Ink Rubber Stamp Seal	State:	County or City:
	Subscribed and sworn Before me. This                  day of	My commission Expires on:
	Notary Public Signature	<b>Use rubber stamp in clear area below:</b>
	Notary Public Name (Typed or Printed)	

Dated this \_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

Printed Name of Officer/Principal \* \_\_\_\_\_

Signature of Officer/Principal \* \_\_\_\_\_